

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51	/			
2	/						52	/			
3	/						53	/			
4	/						54	/			
5	/						55	/			
6	/						56	/			
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46	/						96				
47	/						97				
48	/						98				
49	/						99				
50	/						100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				

BEST AVAILABLE COPY

CLAIMS ONLY

Application Number

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Applicant(s)

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					